## REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI:A0009			
Code assigned by DOJ			
Job Title or Type of License, Certification or Permit:			
Agency Address Set Contributing Agency:			
CALIFORNIA STATE ATHLE Agency authorized to receive criminal histor	ETIC COMMISSION y information	06239  Mail Code (five-digit code assigned by DOJ)	)
1424 HOWE AVENUE, SUITE	.33	JESSICA FINCH	
Street No. Street or PC		Contact Name (Mandatory for all school submissions)	
SACRAMENTO CA	ALIFORNIA 95825	( 916 ) 263-2195	
City State		Contact Telephone No.	
Name of Applicant:			
(Please Print) Last		First	MI
AKA's:	First	CDL No.	
DOB:	SEX: Male Female	Misc. No. BIL - APPLICA Agency Billing Number (if applicable)	NT MUST PAY
HT:	W <u>T:</u>	Misc. No.	
EYE Color: HAIR Color: Home Address: (Applies only if Youth Org/HRA or Public Utility Sub			outh Org/HRA or Public Utility Submission)
POB:		Street or PO Box	
SOC:		City, State and Zip Code	
Your Number: OCA No. (Agency Identifying No.)			
Level of If resubmission, list Original ATI No.			⊠ DOJ ⊠ FBI
Employer: (Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)			
Employer Name			
Employer Name			
Street No Street or	РО Вох	Mail Code (five digit code assigned by DO.	J)
City	State Zip Code	Agency Telephone No. (Optional)	
	Zip 000e	goay Tolophono No. (Optional)	
Live Scan Transaction Comple	eted By:	Dat <u>e:</u>	
	Name of Operator		
Transmitting Agency	ATI No.	Amount Collected/Billed	